MAXIMUS Federal Services

Case Number:	CM15-0207095		
Date Assigned:	10/23/2015	Date of Injury:	09/04/2012
Decision Date:	12/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female with a date of injury of September 4, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for right sacroiliac joint dysfunction and sciatica. Medical records (June 18, 2015; September 3, 2015) indicate that the injured worker complained of lower back pain that radiates to the right leg and foot, numbness and tingling of the right foot, and urinary incontinence. Per the treating physician (September 3, 3015), the employee was working full duty. The physical exam (June 18, 2015; September 3, 2015) reveals tenderness in the right sacroiliac joint, positive Patrick's test on the right, and painful active range of motion of the lumbar spine. Treatment has included lumbar nerve block, physical therapy, and medications (Flexeril since February of 2015; Cymbalta since April of 2015; Hydrocodone-Acetaminophen since June of 2015; Tramadol, Pennsaid solution, and Vesicare). Urine drug screen results were not documented in the submitted records. The utilization review (Date of UR) partially certified a request for Hydrocodone-Acetaminophen 5-325mg #30 (original request for #60) and Cymbalta 30mg #30 (original request included three refills), and non-certified a request for Flexeril 10mg #90 and a computed tomography guided right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT guided right sacroiliac (SI) joint steroid injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip / Sacroiliac joint injections, therapeutic.

Decision rationale: The MTUS / ACOEM did not address the use if SI joint injections, therefore other guidelines were consulted. The ODG does "not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology". Unfortunately a review of the injured workers medical records that are available do not reveal extenuating circumstances that would warrant deviating from the guidelines at this time therefore the request for CT guided right sacroiliac (SI) joint steroid injections is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records did not reveal documentation of ongoing spasms or functional improvement with the use of this medication. Without this information medical necessity for continued use is not established, therefore the request for Flexeril 10mg #90 is not medically necessary.

Hydrocodone/APAP 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available did not reveal documentation of improvement in pain and function with the use of opioids as well as ongoing management actions as required by the guidelines, without this information medical necessity for continued use is not established, therefore the request for Hydrocodone/APAP 5/325mg #60 is not medically necessary.

Cymbalta 30mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. However a review of the injured workers medical records that are available do not reveal documentation of pain and functional improvement with its use as required by the guidelines, without this information medical necessity for continued use is not medically necessary.